

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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CORRECTED CORRESPONDENCE ADDRESS (Note: Legibly mark up with any corrections to the Block 1)

25291

7590

06/02/2003

WYETH  
PATENT LAW GROUP  
FIVE GIRALDA FARMS  
MADISON, NJ 07940



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Date of Deposit September 2, 2003

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Judith A. Johnston

Name of Person Mailing Paper or Fee

*Judith A. Johnston*

Signature of Person Mailing Paper or Fee

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/073,743	02/11/2002	Anthony F. Haffield	AM-100463	S183

TITLE OF INVENTION: NOVEL SUCCINATE SALT OF O-DESMETHYL-VENLAFAXINE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$300	\$1600	09/02/2003
EXAMINER	ART UNIT	CLASS-SUBCLASS			
ZUCKER, PAUL A	1621	514-554000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

 Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached. "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (serving as a member, a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Rebecca R. Barrett

2. \_\_\_\_\_

3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

## (B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Wyeth

Madison, NJ

Please check the appropriate assignee category or categories (will not be printed on the patent)  individual  corporation or other private group entity  government

## 4a. The following fee(s) are enclosed:

## 4b. Payment of Fee(s):

 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies 15 The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 01-1423 (enclose an extra copy of this form).

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(Authorized Signature)

*Rebecca R. Barrett*

(Date)

8/29/03

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09/03/2003 ANAB12 00000046 011425 10073743

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02 FC:1504	300.00 BA
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